



2025 Student Event & Transportation Liability Form

Honea Path First Baptist Church

100 S. Main Street Honea Path, SC 29654

(864) 369-2818

**Purpose: Permission for Participation & Transportation for Any & All
HPFBC Church Related Trip(s) or Event(s) during 2025/2026.**

Student Name (F/L): _____ Phone#: (____) ____ - ____

Date of Birth: ____/____/____ Age: _____ Grade: 23/24 School Year _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Health Insurance Carrier: _____ Policy #: _____

Family Doctor: _____ Phone #: (____) ____ - ____

Allergies

Food _____ Medication _____ Other: _____

Please Explain: _____

Date of Most Recent Tetanus shot: ____ / ____ / ____

List:

- Prescriptions Medicine _____
- Time of Day Taken _____
- Frequency & Amount Taken _____

Student Agreement/ Parental Authorization

I _____ (Student Name)

agree to live by the guidelines set by the Honea Path First Student Ministry, and furthermore the rules/guidelines that have been set by the conference, hotel, college, camp, or ministry that I will be a part of on these trips.

Signature of Student: _____

As the parent or guardian of the above student, I agree to allow my student to attend the above activities with the Honea Path First Baptist Student Ministry. I agree to, along with the student ministry, help enforce and to see that my student adheres to all rules and guidelines set for him or her.

Parents' and/or Guardians' Signatures:

Emergency Contact/ Release Form

In the event I cannot be reached, I hereby give permission to the physician selected by HPFBC (Group Leaders) to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child.

I the undersigned, do hereby release and forever discharge all sponsors and Honea Path First Baptist Church of Honea Path, South Carolina from any and all claims, demands, actions or cause of action, past-present-or future existing out of any damage or injury while participating in these events.

I grant permission for pictures or videos taken of the above student while attending this event to be displayed or used in future services or promotion.

Parent or Guardian Name(s):

(Both names if possible)

Signature of Parent(s) or guardian(s):

Relationship to student: _____

Relationship to student: _____

Emergency Contact Person: _____

Relationship to student: _____

Phone #: (____) ____-_____

Emergency Contact Person: _____

Relationship to student: _____

Phone #: (____) ____-_____